

**LFUCG
2008**

Employee Benefits Handbook



Employee Benefits Handbook



LFUCG

OPEN ENROLLMENT

Open Enrollment Is December 3-7th. There are some new and exciting changes to our medical and dental plans this year, including new plan designs, and a fourth tier (Employee + Child(ren)).

First Change for 2008—*EVERYONE* must go through Open Enrollment.

Mark your calendar for the first week in December! You will need to make certain you are at one of the Open Enrollment sessions and that you enroll in the benefit plans you want for 2008.

Prior to Open Enrollment, there will be a week of training sessions to teach you about the **new medical plan option** we will be offering for the first time this year, the SILVER HSA plan. The Health Savings Account (HSA) plan is a high deductible plan that helps you make wiser decisions regarding your healthcare expenses. LFUCG will also help you pay for some of those costs by funding the plan between \$500 and \$1000 a year, in addition to your benefit pool. Check the schedule and make sure you attend one of the training sessions to see if this new plan will work for you.

In order to ease the flow of traffic at Open Enrollment this year, we have invited individual divisions to attend each day of Open Enrollment. As always you may attend any day of enrollment that is convenient for you, but we encourage you to attend on the date your division is invited. Another way that you can help facilitate a smoother open enrollment is to pre-register on-line with Humana and Delta Dental prior to open enrollment. You can use your own personal computer or if you have one on your desk at work you may use that one. Print the confirmation pages for the carriers you enrolled with and bring them with you to Open Enrollment. That way the Colonial Enrollers will know what plan(s) you decided upon. If you do not have access to a personal computer, there will be access in the Computer Lab (B-107) in the Government Center and at the other Open Enrollment locations, to enable you to enroll on line. Other than that, this year will be similar to years past when you have the opportunity to make any changes to your benefits design.

Also don't forget to sign up for Flexible Spending and Dependent Care reimbursements. This must be done at Open Enrollment for plan year 2008.

We look forward to seeing you at Open Enrollment.

Employee Benefits Handbook



LFUCG

Table of Contents

New for 2008	2
Benefits Overview	3
Humana Medical Plans	4
2008 Insurance Plan Comparison Chart	8
Humana Vision Plan	9
Pharmacare Pharmacy Benefits	11
Delta Dental Plans	13
EyeMed Vision Plan	16
Prudential Life	17
2008 Core Benefit Cost Comparison Chart	18
Health Savings Account (HSA) Training Schedule	19
Open Enrollment Schedule	20
Humana On-Line Enrollment Instructions	21
Delta Dental On-Line Enrollment Instructions	22
Voluntary Options	23
Deferred Compensation Programs	28
Flexible Spending Accounts	30
When You Need to Make A Change	31

Meet Your LFUCG Benefits Committee...

- Michael Allen
- Chris Bartley
- Rick Bowman
- Susan Combs
- Hilton Hastings
- David Lucas
- Mary Lyle
- Brian Marcum
- Kim Nesbitt
- Billy Van Pelt
- Alice Phillips
- Tracey Stephenson
- John Taylor
- Candice Wafford
- Chris Ward

The Committee's job was to review our existing benefits and make recommendations to the Mayor, Commissioners, and Council for changes, while keeping in mind the need for controlling costs. The Committee began meeting in January 2007 and has spent many hours reviewing the benefit package. The following pages are the result of those recommendations.

Employee Benefits Handbook

New for 2008

There are a lot of exciting changes this year, especially in the medical and dental plans. Because of the new plans, ***all employees must attend open enrollment to enroll in the plans of their choice, or decline coverage and show proof of other medical insurance coverage, i.e. medical card, letter from spouse's employer regarding coverage, etc.*** Arrangements have been made at each Open Enrollment location to allow employees to enroll on line for Humana Medical and Delta Dental. Instructions are included in this booklet. After completing the on line enrollment a sheet will print showing the employee's selections. The employee may continue visiting the other carriers present as needed, then take the on line enrollment sheet that was printed, to the Colonial enrollers.

Medical Benefits

To aid LFUCG in controlling costs, beginning January 1, 2008, we will have one medical insurance carrier – Humana. However, within Humana, we will have three different medical plans: the Platinum Plan, Gold Plan, and Silver Plan. The Platinum and Gold Plans are both PPO's and the Silver Plan is an HSA High Deductible Health Plan.

- The Platinum Plan has no deductible for in network services. Office visit charges are \$15 for Primary Care Physician and \$25 for Specialist.
- The Gold Plan has a \$300/\$900 deductible and office visit charges are \$20/\$35.
- The Silver Plan pays 100% for services after a \$2,200/\$4,400 in network deductible. LFUCG will fund this plan with payments of \$250 twice a year to single participants and \$500 twice a year to all other participants.

Employees who enroll in the Silver Plan will not be allowed to participate in the Medical Flexible Spending Account (FSA), but may still enroll in the Dependent Care FSA plan. Hearing aid coverage has been added to the medical plans this year. In-depth explanations of each medical plan's design and co-pays are included in this booklet

Pharmacy Benefits

Employees who enroll in the Humana Platinum Plan or Gold Plan will have pharmacy benefits through Pharmacare. Employees in the Silver plan will have pharmacy benefits through Humana.

Dental Benefits

We have improved our Delta Dental Plans. The new Passive Plus Premier is a PPO plan that allows members to go to dentists either in or out of network. The annual maximum benefit has been increased to \$2,500 per person, and it includes periodontal services. This plan also includes orthodontics for children and adults with a \$1,000 lifetime maximum per person for this type of service. We also retained the regular Premier Plan, with 100% reimbursement across the board. The maximum benefit per person is \$1,000.

Vision Benefits

This year we have two vision plans. We retained the EyeMed plan that was already in place, and added a vision plan through Humana. The benefits for both plans are similar; however only those employees who sign up for Humana medical coverage will be eligible for the Humana vision plan. There will be no extra charge above the Humana medical premium for the Humana vision plan.

Deferred Compensation Programs

In response to employee requests, we have added Roth IRA options to both the Kentucky Deferred Compensation Authority and ICMA Retirement Corporation plans. These plans offer penalty free withdrawals of after tax contributions. Please note that benefit pool money may not be used as contribution to the Roth plans.

Employee Benefits Handbook

Benefits Overview

Group Medical Benefits

LFUCG offers a self-funded medical plan which is administered by Humana. The administrative fees and claims are paid, using money that has been budgeted for benefits, as well as deductions from employees. The insurance company does not pay the claims. We do – you and me. LFUCG provides a benefit pool to each regular full-time employee, which covers the cost of a single health plan, single dental, single vision, and basic life insurance. Three medical plans are offered this year – the Platinum Plan, the Gold Plan and the Silver Plan. Benefits for each of the plans are contained in this book. Employees can now elect to purchase Employee Only, Employee + Spouse, Employee + Child(ren), or Employee + Family coverage. Employees are responsible for paying the difference in premiums between the benefit pool provided by LFUCG and the total premium for the selected plan.

Pharmacy benefits are provided through Pharmacare for the Humana Platinum and Gold plans. Retail co-pays are still \$10/\$20/\$40 and mail order co pays are \$20/\$40/\$80. Pharmacy benefits for employees enrolled in the Silver plan will be through Humana.

Our medical plans are part of a qualified cafeteria plan and employee contributions are deducted prior to taxes being withheld.

Dental Benefits

This year LFUCG is offering two fully-insured dental plans through Delta Dental. The traditional Premier Plan has a \$25/\$75 deductible, then pays 100% of dental services up to \$1,000 maximum per person per year. The PPO Plus Premier Plan also has a \$25/\$75 deductible, then pays 100% of diagnostic and preventive services, 80% of minor services such as fillings and extractions, and 50% of major services with in network providers. The maximum benefit per person per year has been increased to \$2,500. Orthodontic services are paid at 50%, in network, for all covered members, with a \$1,000 lifetime maximum.

Vision Benefits

Employees may choose between two different vision plans. We still have the fully-insured EyeMed plan, plus employees who enroll in Humana medical insurance through LFUCG will automatically have Humana vision insurance at no additional cost. Both plans use the EyeMed network. The regular EyeMed plan has a \$5 co pay for exam, frames and lenses. The Humana vision plan has a \$10 co pay for the exam and for lenses. There is no co pay for frames.

Group Life Insurance

LFUCG, through Prudential, offers employees hired since July 1, 1997, a \$7,500 term life insurance policy with double indemnity. Employees hired prior to July 1, 1997 may purchase a \$10,000 term life policy. LFUCG provides Police, Fire and Corrections employees in the bargaining units, a \$10,000 term life insurance policy with double indemnity. All employees may purchase optional life insurance in increments of 1X, 1.5X, 2X, 2.5X, and 3X salary. Maximum amount is \$350,000.

HumanaPPO

Summary of Benefits

LFUCG Platinum Plan

KENTUCKY	HumanaPPO 08 100/70 Plan	Plan pays for services at PARTICIPATING providers	Plan pays for services at NONPARTICIPATING providers
Preventive Care (1)	<ul style="list-style-type: none"> Routine immunizations (to age 18) Routine Pap smear Annual routine mammogram Routine lab test and X-ray Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy) Routine adult physical exam (18 years and above) Routine child exams (to age 18) 	100% 100% after office visit copayment	70% after deductible 70% after deductible
Physician Services (1)	<ul style="list-style-type: none"> Office visits Diagnostic, lab and X-rays (copayment does not apply) Allergy testing (copayment does not apply) Inpatient services Outpatient services Office surgery Emergency room physician visits (2) Allergy injections and nonroutine injections other than allergy 	100% after \$15 primary care physician/ \$25 specialist copayment per visit 100% 100% after \$5 copayment per visit	70% after deductible 70% after deductible
Facility Services	<ul style="list-style-type: none"> Inpatient hospital care Outpatient surgery Outpatient nonsurgical care Outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) Hospital emergency services (emergency room copayment waived if admitted) (2) 	100% after \$500 copayment per admission 100% 100% after \$75 copayment per visit	70% after deductible 70% after deductible 100% after \$75 copayment per visit
Other Medical Services (3)	<ul style="list-style-type: none"> Skilled nursing facility (up to 100 day limits per calendar year) Home health (up to 100 visits per calendar year) Physical, occupational, cognitive, speech and audiology therapy (subject to combined limit for all therapy services up to 60 visits per calendar year) Durable medical equipment (up to \$5,000 per calendar year) Urgent care facility Chiropractic services (up to 25 visits per calendar year/plan year) Ambulance (2) Transplant services 	100% Same as specialist copayment per visit 100% after primary care physician copayment per visit 100% after deductible Same as any other covered condition when services are received from a Humana Transplant Network provider (when services are received from a Humana Transplant Network provider)	70% after deductible 70% after deductible 100% after participating deductible Same as any other covered condition (covered expenses are limited to a maximum benefit of \$35,000 per transplant)
Deductible and Out-of-Pocket Maximum Accumulation Methods	Deductible and out-of-pocket limits for participating and nonparticipating providers calculate separately		
Deductible (per calendar year; copayments do not apply)	<ul style="list-style-type: none"> Individual Family (4) 	\$0 \$0	\$500 \$1,500
Out-of-Pocket Maximum (per calendar year; deductibles and copayments do not apply)	<ul style="list-style-type: none"> Individual Family 	N/A N/A	\$2,000 Three times individual nonparticipating out-of-pocket maximum
Lifetime Maximum Benefit	\$2,000,000 (participating and nonparticipating combined)		
Behavioral Health (mental health and substance abuse)	<ul style="list-style-type: none"> Inpatient services Outpatient therapy sessions 	Same as any other covered condition	Same as any other covered condition

HumanaPPO

Summary of Benefits

LFUCG Gold Plan

KENTUCKY	HumanaPPO 08 80/50 Plan	Plan pays for services at PARTICIPATING providers	Plan pays for services at NONPARTICIPATING providers
Preventive Care (1)	<ul style="list-style-type: none"> Routine immunizations (to age 18) Routine Pap smear Annual routine mammogram Routine lab test and X-ray Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy) Routine adult physical exam (18 years and above) Routine child exams (to age 18) 	100% 100% after office visit copayment	50% after deductible 50% after deductible
Physician Services (1)	<ul style="list-style-type: none"> Office visits Diagnostic, lab and X-rays (copayment does not apply) Allergy testing (copayment does not apply) Inpatient services Outpatient services Office surgery Emergency room physician visits (2) Allergy injections and nonroutine injections other than allergy 	100% after \$20 primary care physician/ \$35 specialist copayment per visit 80% after deductible 100% 100% after \$5 copayment per visit	50% after deductible 50% after deductible 100% 50% after deductible
Facility Services	<ul style="list-style-type: none"> Inpatient hospital care Outpatient surgery Outpatient nonsurgical care Outpatient advanced imaging (PET, MRI, MRA, CAT, SPECT) Hospital emergency services (emergency room copayment waived if admitted) (2) 	100% after \$500 copayment per admission 80% after deductible 100% after \$75 copayment per visit	50% after deductible 50% after deductible 100% after \$75 copayment per visit
Other Medical Services (3)	<ul style="list-style-type: none"> Skilled nursing facility (up to 100 day limits per calendar year) Home health (up to 100 visits per calendar year) Physical, occupational, cognitive, speech and audiology therapy (subject to combined limit for all therapy services up to 60 visits per calendar year) Durable medical equipment (up to \$5,000 per calendar year) Urgent care facility Chiropractic services (up to 25 visits per calendar year/plan year) Ambulance (2) Transplant services 	80% after deductible Same as specialist copayment per visit 100% after primary care physician copayment per visit 80% after deductible Same as any other covered condition when services are received from a Humana Transplant Network provider (when services are received from a Humana Transplant Network provider)	50% after deductible 50% after deductible 50% after deductible 80% after participating deductible Same as any other covered condition (covered expenses are limited to a maximum benefit of \$35,000 per transplant)
Deductible and Out-of-Pocket Maximum Accumulation Methods	Deductible and out-of-pocket limits for participating and nonparticipating providers calculate separately		
Deductible (per calendar year; copayments do not apply)	<ul style="list-style-type: none"> Individual Family (4) 	\$300 Three times individual participating deductible	Three times individual participating deductible Three times family participating deductible
Out-of-Pocket Maximum (per calendar year; deductibles and copayments do not apply)	<ul style="list-style-type: none"> Individual Family 	\$2,000 Three times individual participating out-of-pocket maximum	Three times individual participating out-of-pocket maximum Three times family participating out-of-pocket maximum
Lifetime Maximum Benefit	\$2,000,000 (participating and nonparticipating combined)		
Behavioral Health (mental health and substance abuse)	<ul style="list-style-type: none"> Inpatient services Outpatient therapy sessions 	Same as any other covered condition	Same as any other covered condition

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools/](https://www.humana.com/members/tools/) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Payments - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your Certificate of Insurance.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To be covered, expenses must be medically necessary and specified as covered. Please see your Certificate for more information on medical necessity and other specific plan benefits.

- (1) The following are generally defined as primary care physicians under your plan; general practitioner, family practitioner, pediatrician or internist.
- (2) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Certificate.
- (3) Visit and day limits are combined for participating and nonparticipating providers.
- (4) You are not required to meet individual deductibles once the family deductible has been met.

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.

The Pre-existing condition exclusion information is applicable to all PPO and Classic products. If you are considering enrollment in an HMO or POS plan, please refer to your plan summary to determine if the plan contains a pre-existing condition exclusion.

PRE-EXISTING CONDITION EXCLUSION

If the plan imposes a pre-existing condition exclusion, and you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period.

Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy; genetic information in the absence of a diagnosis of the condition related to the information; or to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of

this exclusion period by the number of days of your prior "creditable coverage". Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

HumanaPPO combines the cost-saving incentives of a modern health plan with freedom of choice. When you see participating providers, you receive the highest level of benefits available under your plan. At the same time, you retain the flexibility to see any physician.

HumanaPPO

Summary of Benefits

LFUCG Silver Plan

KENTUCKY High Deductible Health Plan (HDHP) – 100/70 Plan		Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers
Preventive Care	<ul style="list-style-type: none"> Routine immunizations (to age 18) Routine Pap smear Routine mammogram Routine lab test and X-ray Routine exams (18 years and above) Routine child exams (to age 18) 	100%	70% after deductible
	<ul style="list-style-type: none"> Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy) 	100% after deductible	70% after deductible
Physician Services	<ul style="list-style-type: none"> Office visits Diagnostic tests, lab and X-rays Allergy testing and injections Inpatient services Outpatient services (includes surgery) Office surgery 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> Emergency room physician visits (1) 	100% after deductible	100% after participating deductible
Facility Services	<ul style="list-style-type: none"> Inpatient care (semiprivate room, ancillary services, nursing care, and ICU) Outpatient surgery Outpatient nonsurgical care 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> Hospital emergency services (facility charge only) (1) 	100% after deductible	100% after participating deductible
Prescription Drugs (includes oral contraceptives)	<ul style="list-style-type: none"> Benefit per prescription or refill (2) 	100% after deductible	70% after deductible
Other Medical Services	<ul style="list-style-type: none"> Skilled nursing facility (up to 60 days per calendar year) (3) Home health care (up to 100 visits per calendar year) (3) Physical, occupational, cognitive, speech and hearing therapy (combined limit for all therapy services up to 45 visits per calendar year) (3) Urgent care facility Chiropractic services (up to 20 visits per calendar year) (3) 	100% after deductible	70% after deductible
	<ul style="list-style-type: none"> Durable medical equipment (limited to \$5,000 of covered services per calendar year) 	100% after deductible	50% after participating deductible
	<ul style="list-style-type: none"> Hospice (inpatient and outpatient) 	100%	100%
	<ul style="list-style-type: none"> Ambulance (1) 	100% after deductible	100% after participating deductible
	<ul style="list-style-type: none"> Transplant services 	100% after deductible (when services are received from a Humana Transplant Network provider)	70% after deductible (subject to a separate out-of-pocket maximum of \$35,000 per calendar year)
Embedded Deductible and Out-of-Pocket Maximum Options (per calendar year; deductibles apply to out-of-pocket maximum) (4)	<ul style="list-style-type: none"> Individual deductible 	\$2,200	Two times individual participating deductible
	<ul style="list-style-type: none"> Family deductible 	Two times individual participating deductible	Two times family participating deductible
	<ul style="list-style-type: none"> Individual out-of-pocket maximum (5) 	\$2,200	\$11,000
	<ul style="list-style-type: none"> Family out-of-pocket maximum (5) 	Two times individual participating out-of-pocket maximum	Two times individual nonparticipating out-of-pocket maximum
Lifetime Maximum Benefit	\$5,000,000 (participating and nonparticipating combined)		
Behavioral Health (mental health and substance abuse)	<ul style="list-style-type: none"> Inpatient services Outpatient and office therapy sessions 	100% after deductible	70% after deductible

* Humana's HDHP minimum deductible plan is designed with the deductible equal to the lowest IRS allowed amount. The IRS releases adjusted minimums annually. Humana's minimum deductible plan will be adjusted to the new amounts on January 1 of each year, and groups must change at renewal to the new amounts. If a group fails to change, the plan will no longer be HSA qualified.

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at [Humana.com/members/tools/](https://www.humana.com/members/tools/) or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Payments - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your Summary Plan Description.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To be covered, expenses must be medically necessary and specified as covered. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

- (1) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.
- (2) Coverage is limited to drugs included in the Humana HDHP Drug List. Coverage for some drugs may be subject to dispensing limitations. Additionally, some drugs may need prior authorization in order to be covered.
- (3) Day/visit limits are combined for participating and nonparticipating providers.
- (4) Deductible and out-of-pocket limits for participating and nonparticipating benefits calculate separately.
- (5) For other than single coverage, the family out-of-pocket maximum applies. The single out-of-pocket maximum applies to single coverage policies only.

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.

The Pre-existing condition exclusion information is applicable to all PPO and Classic products. If you are considering enrollment in an HMO or POS plan, please refer to your plan summary to determine if the plan contains a pre-existing condition exclusion.

PRE-EXISTING CONDITION EXCLUSION

If the plan imposes a pre-existing condition exclusion, and you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period.

Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy; genetic information in the absence of a diagnosis of the condition related to the information; or to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of

this exclusion period by the number of days of your prior "creditable coverage". Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

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Health Insurance Comparison

PPO						
	HUMANA Platinum Plan		HUMANA Gold Plan		HUMANA Silver Plan/HSA	
Benefit	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductible	\$0	\$500 Single \$1,500 Family	\$300 Single \$900 Family	\$900 Single \$2700 Family	\$2,200 Single \$4,400 Family	\$4,400 Single \$8,800 Family
Office Visits	\$15 Co-Pay	Plan pays 70% After Deductible	\$20 Co-pay	Plan Pays 50% After Deductible	Plan Pays 100% After Deductible	Plan Pays 70% After Deductible
Office Visits (Specialists)	\$25 Co-Pay	Plan pays %70 After Deductible	\$35 Co-pay	Plan pays 50% After Deductible	Plan Pays 100% After Deductible	Plan Pays 70% After Deductible
Primary Care Physician Required	No	No	No	No	No	No
Routine Physicals	\$15 Co-pay \$25 Specialist	Plan pays 70% After Deductible	\$20 Co-pay \$35 Specialist	Plan pays 50% After Deductible	Plan pays 100%	Plan pays 70% After Deductible
Pre-Existing Conditions	N/A	N/A	N/A	N/A	N/A	N/A
Well Child Care	\$15 Co-pay	Plan pays 70% After Deductible	\$20 Co-pay	Plan pays 50% After Deductible	Plan pays 100%	Plan pays 70% After Deductible
ER Visits (Life or Limb Threatening Only)	Plan pays 100% after \$75 Co-pay per visit	Plan pays 100% after \$75 Co-pay per visit	Plan pays 100% after \$75 Co-pay per visit	Plan pays 100% after \$75 Co-pay per visit	Plan pays 100% After Deductible	Plan pays 70% After Deductible
Inpatient/Outpatient Hospital Charges	Plan pays 100% after \$500 Co-pay per Admission per Outpatient Surgery covered at 100%	Plan pays 70% After Deductible	Plan pays 100% after \$500 Co-pay per Admission per Outpatient Surgery 80% after deductible	Plan pays 50% After Deductible	Plan pays 100% After Deductible	Plan pays 70% After Deductible
Out-of-pocket Maximum	* Single—N/A Family—N/A	* Single—\$2,000 Family—\$6,000	* Single—\$2,000 Family—\$6,000	* Single—\$6,000 Family—\$18,000	** Single—\$2,200 Family—\$4,400	** Single—\$11,000 Family—\$22,000
TOTAL PREMIUM (MONTHLY)	Single - \$330 EE+Spouse - \$590 EE+Child(ren) - \$570 EE+Family - \$690		Single - \$300 EE+Spouse - \$540 EE+Child(ren) - \$520 EE+Family - \$650		Single - \$250 EE+Spouse - \$480 EE+Child(ren) - \$450 EE+Family - \$500	
	PHARMACARE		PHARMACARE		HUMANA	
PRESCRIPTION DRUG COVERAGE	\$10 \$20 \$40	50% Co-pay	\$10 \$20 \$40	50% Co-pay	Plan pays 100% After Deductible	Plan pays %70 After Deductible

* Out-of-Pocket Maximum (per calendar year; deductibles and co-payments do not apply)

** Out-of-Pocket Maximum (per calendar year; deductibles apply to out-of-pocket maximum)

- Prescription drug co-payments do not apply to the Platinum and Gold Plans' maximum out-of-pocket expense limit.

Non-Bargaining Total Pool Credit - \$355.74 Monthly/\$177.87 Per Pay Period
Corrections Bargaining Total Pool Credit - \$405.74 Monthly/\$202.87 Per Pay Period
Police & Fire Bargaining Total Pool Credit - \$530.74 Monthly/\$265.37 Per Pay Period

Employee Benefits Handbook

Vision Benefits

HumanaPPO

Vision Plan 471

\$100 allowance plan/\$10 copayment

Vision plan coverage

- This plan provides coverage for one vision exam and one pair of eyeglasses or contact lenses every 12 months for each covered member.
- For a complete list of participating optical providers, call 1-888-289-0595 or visit www.humana.com.

Services	Plan pays – participating providers	Plan pays – nonparticipating providers
Vision Examination		
• Exam with dilation as necessary	100% after \$10 copayment	up to \$35
Conventional and Disposable Contact Lenses Fit and Follow-up	100% after exam copayment	up to \$40
Standard Plastic Lenses		
• Single vision	100% after \$10 copayment	up to \$25
• Bifocal	100% after \$10 copayment	up to \$40
• Trifocal	100% after \$10 copayment	up to \$55
Frames		
• Discount on all frames available except when prohibited by the manufacturer.	\$100 allowance for any frame, plus member receives a 20% discount off balance over \$100	up to \$45
Contact Lenses (material only)		
• Conventional (excludes disposable)	\$110 allowance, plus member receives a 15% discount off balance over \$100	up to \$100
• Disposable	\$110 allowance	up to \$100
• Medically necessary	\$110 allowance	up to \$100

Vision plan limitations and exclusions

No benefit is provided for:

1. Any vision service received more than once per 12 month period;
2. Contact lenses, if not in lieu of glasses;
3. Replacement of lost or damaged lenses, frames or contact lenses;
4. No-line bifocals;
5. Safety lenses and frames;
6. Nonprescription glasses or vision devices;
7. Two pair of eyeglasses in lieu of bifocals;
8. Medical or surgical treatment of the eyes;
9. Vision services provided as a result of any workers' compensation law or similar legislation, or obtained through or required by any government agency or program, whether federal, state, or any subdivision thereof;
10. Orthoptics, vision training or vision therapy;
11. Acute emergency eye care;
12. Discount on all frames available except when prohibited by the manufacturer.

Participating provider benefits apply only when services are obtained from an EyeMed *participating optical provider*.

Nonparticipating provider benefits apply only when services are obtained at a *nonparticipating optical facility*. To obtain reimbursement for services at a nonparticipating optical facility, you must submit a reimbursement form. You will be reimbursed according to Humana's benefit allowance schedule.

Employee Benefits Handbook

Vision Benefits

Vision plan limitations and exclusions (continued)

Reimbursement forms must include an itemized receipt containing your name, social security number, date of service, description of services received and the type of benefit received. To obtain a reimbursement form call 1-888-289-0595.

Member will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers. This additional discount does not apply to EyeMed providers' professional services. However, the discount program may be applied to services after the vision plan benefits have been provided. For example, you can use the vision plan to pay \$100 towards frames, one time per year. In addition, you can receive a second pair of glasses by using the discount program's 45% off eyewear and discounts on lenses. Retail prices vary by location.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Vision Discount Program	Discounts		
	Member pays – participating providers		Member pays – nonparticipating providers
In addition to the plan benefits, Humana members also receive discounts for many vision services and materials. Use the discounts to help pay for services not covered by the vision plan. Some of these discounts and discounted fees are outlined on this page. For more information, visit Humana's Website at www.humana.com . (Please note: Discounts are a feature of Humana membership, and not considered as insurance.)	Lens Options**		
	• UV coating	\$12	N/A
	• Tint (solid or gradient)	\$12	N/A
	• Standard scratch-resistance	\$15	N/A
	• Standard polycarbonate	\$35	N/A
	• Standard progressive* (add-on to bifocal)	\$45	N/A
	• Standard anti-reflective	\$45	N/A
	• Other add-ons and services	20% discount	N/A
	Laser Vision Correction		
	• Lasik or PRK from US Laser Network	15% off retail price or 5% off promotional price	N/A
* The cost for Premium Progressive lenses equals the Standard Progressive lenses retail price plus a 20% discount on the balance over the price.			
** Complete pair of glasses purchase: frame, lenses, and lense options must be purchased in the same transaction to receive the full discount.			

Vision Discount Program limitations and exclusions

No discount is provided for:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
2. Aniseikonic lenses;
3. Medical and/or surgical treatment of the eye, or supporting structures;
4. Corrective eyewear required by an employer as a condition of employment;
5. Services provided as a result of any Worker's Compensation law, or similar legislation, or required by any government age program whether Federal, state or subdivisions thereof;
6. Plan non-prescription lenses and non-prescription sunglasses (except for 20% discount);
7. Services or materials provided by any group benefit providing for vision care;
8. Discount on all frames available except when prohibited by the manufacturer.

HUMANA.
Guidance when you need it most

Insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License #00187-0009.

For Arizona Residents: Insured by Emphesys Insurance Company or by Humana Insurance Company

Please refer to your Benefit Plan Document (Certificate of Insurance) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

Employee Benefits Handbook

Pharmacy



Welcome to the PharmaCare Prescription Drug Program. PharmaCare is pleased to administer your prescription drug program, which enables you to:

- Conveniently obtain prescriptions through PharmaCare's national network of over 55,000 chain and independent retail pharmacies. Immediate care prescriptions may be filled at retail pharmacies and will be handled through the PharmaCare Pharmacy Network. You must present your PharmaCare Prescription Drug Card to the pharmacist when filling prescriptions at a retail pharmacy. A partial listing of participating pharmacies for the retail program is included on page 7.
- Conveniently obtain maintenance prescriptions through PharmaCare's mail-service pharmacy, PharmaCare Direct.

Please read the following information carefully. If you have any questions about the program, feel free to contact PharmaCare Customer Service at 1-888-645-9303 or visit PharmaCare's Web site at **www.pharmacare.com/members**.

The PharmaCare pharmacy benefit program is available to you and your eligible family members. The following is a summary of the pharmacy benefits you will receive; you have two benefit options available under your prescription drug program:

1. With the retail pharmacy program you may receive up to a 30-day supply of medication from a PharmaCare network retail pharmacy for short-term medications such as antibiotics.
2. If you or a covered family member regularly takes medication for chronic, long-term conditions such as diabetes, arthritis, high blood pressure, heart conditions, etc., you may receive up to a 90-day supply of maintenance medication through PharmaCare's mail-service pharmacy, PharmaCare Direct. The prescription will be delivered directly to your home. To enroll in the mail-service program, fill out the Confidential Mail Service Enrollment Form (found on page 9) and mail it with your first prescription and copayment to PharmaCare Direct.

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Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Copayment, coinsurance or copay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Employee Benefits Handbook

Pharmacy



COVERED SERVICES

Covered medications must meet the following requirements:

- Prescribed by a licensed doctor;
- The prescription medication is approved by the Food and Drug Administration (FDA); and,
- Purchased at a PharmaCare participating retail network pharmacy or through PharmaCare Direct.

Certain medications may not be covered under the prescription drug plan. Please refer to your benefit plan documents for more information.

PAYMENTS YOU MUST MAKE

- Plan copayments:

	Maximum Day Supply	Generic	Formulary Brand	Non-Formulary Brand
Retail	30 days	\$10	\$20	\$40
Mail Service (PharmaCare Direct)	90 days	\$20	\$40	\$80
PharmaCare Specialty Pharmacy	30 days	\$10	\$20	\$40

***Only the Platinum and Gold Plans will use the
Pharmacare Prescription Plan***

Employee Benefits Handbook

Dental Benefits

Delta Dental Premier

Traditional Dental Option



Dental Benefits for Lexington Fayette Urban County Government

This is not a contract. It is a *partial list* of benefits and services. For complete details refer to your certificate.

Deductible

(Each Benefit Period)

\$25 individual/\$75 family

Maximum Benefits

(Per Covered Person each Benefit Period)

\$1,000

Age Limitations

Dependents covered up to age 23, full-time students up to age 23.

Diagnostic and Preventive Services

- ◆ Oral examination (limited to 2 per calendar year)
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application (up to age 19)
- ◆ Routine cleanings
- ◆ Sealants (up to age 16)
- ◆ Space maintainers (up to age 11)

Reimbursement Amount

100% of the Allowable Amount
Deductible does not apply

Minor Services

- ◆ Routine fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

Reimbursement Amount

100% of the Allowable Amount
Subject to deductible.

Major Services

- ◆ Inlays or crowns
- ◆ Prosthetic services (bridges, dentures and partials)

Reimbursement Amount

100% of the Allowable Amount
Subject to deductible.

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Employee Benefits Handbook

Dental Benefits

Delta Dental PPO Plus Premier Dual Network Option



Dental Benefits for Lexington Fayette Urban County Government

This is not a contract. It is a *partial* list of benefits and services. For complete details refer to your certificate.

This dental program allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier network provider cannot be balance billed.

	Delta Dental PPO Network Benefits	Delta Dental Premier or Out of Network Benefits
Deductible (Each Benefit Period)	\$25 individual/\$75 family	\$25 individual/\$75 family
Maximum Benefits (Per Covered Person each Benefit Period)	\$2,500	\$2,500
Age Limitations	Dependents covered up to age 23, full-time students up to age 23.	
Diagnostic and Preventive Services	Reimbursement Amount 100% of the Allowable Amount Deductible does not apply	Reimbursement Amount 80% of the Allowable Amount Deductible does not apply
<ul style="list-style-type: none"> ◆ Oral examination (limited to 2 per calendar year) ◆ Palliative emergency treatment ◆ Periapical, bitewing, panoramic or complete series x-ray ◆ Topical fluoride application (up to age 19) ◆ Routine cleanings ◆ Sealants (up to age 16) ◆ Space maintainers (up to age 11) 		
Minor Services (Class I, II and III)	Reimbursement Amount 80% of the Allowable Amount Subject to deductible.	Reimbursement Amount 60% of the Allowable Amount Subject to deductible.
<ul style="list-style-type: none"> ◆ Routine fillings ◆ Simple extractions ◆ Simple denture repair ◆ Oral surgery ◆ Periodontic services 		
◆ Root canal therapy	50% of the Allowable Amount Subject to deductible	50% of the Allowable Amount Subject to deductible
Major Services (Class IV)	Reimbursement Amount 50% of the Allowable Amount Subject to deductible.	Reimbursement Amount 50% of the Allowable Amount Subject to deductible.
<ul style="list-style-type: none"> ◆ Inlays or crowns ◆ Prosthetic services (bridges, dentures and partials) 		
Orthodontic Services	Reimbursement Amount 50% of the Allowable Amount Deductible does not apply Benefits are limited to \$1,000 lifetime maximum for covered persons.	Reimbursement Amount 50% of the Allowable Amount Deductible does not apply
<ul style="list-style-type: none"> ◆ Diagnosis and treatment plan ◆ Minor treatment for tooth guidance 		

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Dental benefits are offered by Delta Dental of Kentucky, Inc.
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Employee Benefits Handbook

Dental Benefits

Delta Dental Plan Highlights at a Glance

The following gives you a summary description of each plan benefit. If you have any questions after reviewing all the materials, please call Delta Dental at (800) 955-2030.

Lexington Fayette Urban County Government			
	Delta Dental Premier	Delta Dental PPO Plus Premier	
		Delta Dental PPO In-Network	Delta Dental Premier or Out-of-Network
Deductible (Calendar Year)	\$25 Individual \$75 Family	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Preventive Services	(Deductible does not Apply)	(Deductible does not Apply)	(Deductible does not Apply)
Oral Exams	100%	100%	80%
X-Rays	100%	100%	80%
Teeth Cleaning	100%	100%	80%
Fluoride Treatments	100%	100%	80%
Minor Services	(Subject to Deductible)	(Subject to Deductible)	(Subject to Deductible)
Fillings	100%	80%	60%
Extractions	100%	80%	60%
Oral Surgery	100%	80%	60%
Root Canals	(Subject to Deductible) 100%	(Subject to Deductible) 50%	Subject to Deductible 50%
Periodontics	Not covered	(Subject to Deductible) 80%	(Subject to Deductible) 60%
Major Services	(Subject to Deductible)	(Subject to Deductible)	(Subject to Deductible)
Crowns	100%	50%	50%
Bridges	100%	50%	50%
Dentures	100%	50%	50%
Dependents	Dependents covered up to age 23	Dependents covered up to age 23	Dependents covered up to age 23
Orthodontics (Braces)	Not covered	(Not subject to Deductible) 50% limited to \$1,000 lifetime maximum for covered members	(Not subject to Deductible) 50% limited to \$1,000 lifetime maximum for covered members
Annual Maximum	\$1,000	\$2,500	
Network	Any Dentist participating in Delta Dental Premier. You may be balanced billed if you see non-participating dentists.	Any Dentist participating in Delta Dental PPO	Your benefits will be reduced and you may be balance billed* if you see a non-participating Delta Dental PPO dentist

1/2008



LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$5 Copay	\$30
Contact Lens Fit and Follow-up: (Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard*	\$0 Copay, Paid in full and two followup visits	\$40
Premium**	\$0 Copay, 10% off retail price, then apply \$40 allowance	\$40
Frames (Any available frame at provider location)	\$5 Copay, \$110 allowance; 80% of balance over \$110	\$40
Standard Plastic Lenses:		
Single Vision	\$5 Copay	\$30
Bifocal	\$5 Copay	\$40
Trifocal	\$5 Copay	\$60
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (allowance covers materials only):		
Conventional	\$5 Copay, \$105 allowance; 15% off balance over \$105	\$85
Disposables	\$5 Copay, \$105 allowance; balance over \$105	\$85
Medically Necessary	\$0 Copay, Paid In Full	\$200
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
Frequency:		
Exam	Once every 12 months	
Frames	Once every 12 months	
Standard Plastic Lenses or Contact Lenses	Once every 12 months	

Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses.

Benefits are not provided for services or materials arising from: orthoptic or vision training; subnormal vision aids and any associated supplemental testing; aniseikonic lenses; medical and/or surgical treatment of the eyes; corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan; services provided as a result of Workers' Compensation law; plano non-prescription lenses and non-prescription sunglasses (except for the 20% EyeMed discount); two pairs of glasses in lieu of bifocals (does not apply to Primary Plan members); services or materials provided by any other group benefit providing for vision care. Benefit allowances provide no remaining balance for future use within same benefit period. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit period.

*Standard Contact Lens Fitting-spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement etc.)

**Premium Contact Lens Fitting-all lens designs, materials and specialty fittings other than Standard Contact Lenses (examples include toric, multifocal etc.)

Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. CICA Form # VN P63007 0801. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

LENSCRAFTERS

PEARLE VISION

Sears
Optical

OPTICAL

JCPenney Optical

PRIVATE PRACTITIONERS

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Additional Savings:** Save up to 40% off additional complete eyeglass purchases once the funded benefit has been used.
- **Laser Vision Correction:** Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lenses Online:** As an added convenience, members can order replacement contact lenses directly online.

Employee Benefits Handbook

Life Insurance

LFUCG GROUP LIFE INSURANCE PROGRAM PRUDENTIAL INSURANCE COMPANY OF AMERICA

Basic Term Life Insurance and AD&D—Employer Provided

- \$10,000 – Bargaining Police, Fire and Corrections Employees
- \$10,000 – Non-bargaining Employees Hired Prior to July 1, 1997
- \$7500 – Non-bargaining Employees Hired On or After July 1, 1997
- Coverage reduces by 50% @ age 70

Optional Term Life Insurance and AD&D—Employee Paid

- Employees may elect optional life insurance in salary increments
- Options are 1X, 1.5X, 2X, 2.5X, and 3X salary.
- Coverage reduces by 50% @ age 70
- Maximum Amount: \$350,000

New hires and employees experiencing a family status change may enroll for 3 X salary up to \$350,000 without providing medical evidence of insurability. At open enrollment, employees currently participating in the optional life program may increase their optional coverage one level without providing medical evidence of insurability. Employees increasing optional coverage by more than one level or late entrants must provide evidence of insurability and be approved for coverage by Prudential.

Dependent Insurance—Employee Paid

Employees may elect dependents insurance coverage on spouses and unmarried dependent children to age 18 or to age 23 if a full time student.

	<u>OPTION 1</u>	<u>OPTION 2</u>	<u>OPTION 3</u>
SPOUSE	\$10,000	\$8000	\$4000
CHILDREN (1 DAY TO 6 MONTHS)	\$1500	\$1000	\$750
CHILDREN (6 MONTHS AND OVER)	\$5000	\$4000	\$1000

New hires and employees experiencing a family status change may enroll for any dependent insurance option without providing medical evidence of insurability. At open enrollment, employees currently participating in dependents insurance may increase their coverage by one option without providing medical evidence of insurability. Employees increasing their dependents insurance by more than one level or late entrants must provide evidence of insurability and be approved for coverage by Prudential.

Life insurance for dependents may not exceed 50% of the employee benefit. Therefore, if you wish to enroll your dependents for life insurance, you must elect optional life insurance for yourself.

Employee Benefits Handbook

Core Benefit Cost Comparison

LFUCG Core Benefit Premium Cost Comparison - 01/01/2008 - 12/31/2008

HEALTH INSURANCE									
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	COBRA Single	COBRA EE + Spouse	COBRA EE + Child(ren)	COBRA EE + Family	COBRA
Humana Platinum	\$330.00	\$590.00	\$570.00	\$690.00	\$336.60	\$668.10	\$581.40	\$962.88	
Per Pay Period	\$ 165.00	\$ 295.00	\$ 285.00	\$ 345.00					
Humana Gold	\$300.00	\$540.00	\$520.00	\$650.00	\$306.00	\$617.10	\$530.40	\$922.08	
Per Pay Period	\$ 150.00	\$ 270.00	\$ 260.00	\$ 325.00					
Humana Silver / HSA	\$250.00	\$480.00	\$450.00	\$500.00	\$255.00	\$555.90	\$459.00	\$769.08	
Per Pay Period	\$ 125.00	\$ 240.00	\$ 225.00	\$ 250.00					
Humana Vision Care & Pharmacare Pharmacy coverage are included with the Health Insurance Premium									
DENTAL INSURANCE									
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	COBRA Single	COBRA EE + Spouse	COBRA EE + Child (ren)	COBRA EE + Family	COBRA
Delta Premier	\$28.00	\$56.00	\$53.00	\$86.00	\$28.56	\$57.12	\$54.06	\$87.72	
Per Pay Period	\$ 14.00	\$ 28.00	\$ 26.50	\$ 43.00					
Delta Passive PPO	\$20.00	\$40.00	\$50.00	\$76.00	\$20.40	\$40.80	\$51.00	\$77.52	
Per Pay Period	\$ 10.00	\$ 20.00	\$ 25.00	\$ 38.00					
VISION INSURANCE									
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	NO COBRA				
EyeMed Vision Care	\$ 6.00	\$ 12.00	\$ 12.00	\$ 18.00					
Per Pay Period	\$ 3.00	\$ 6.00	\$ 6.00	\$ 9.00					
LIFE INSURANCE									
1, 1.5, 2, 2.5, or 3 X Annual Salary based on age and rating									
Prudential Life Insurance									
	Basic - \$10,000	Basic - \$7,500			50-54	\$0.505	4.88	3.54	1.68
	\$ 1.80	\$ 1.35	25-29	\$0.145	55-59	\$0.93	2.44	1.77	0.84
	\$ 0.90	\$ 0.68	30-34	\$0.17	60-64	\$1.15			
			35-39	\$0.18	65-69	\$1.96			
			40-44	\$0.225	70+	\$3.90			
			45-49	\$0.30					
NON-BARGAINING TOTAL POOL CREDIT - \$355.74 MONTHLY / \$177.87 PER PAY PERIOD									
CORRECTIONS BARGAINING TOTAL POOL CREDIT - \$405.74 MONTHLY / 202.87 PER PAY PERIOD									
POLICE & FIRE BARGAINING TOTAL POOL CREDIT - \$530.74 MONTHLY / \$265.37 PER PAY PERIOD									

Employee Benefits Handbook

Health Savings Account

HEALTH SAVINGS ACCOUNT (HSA) SILVER PLAN

We are offering a new high deductible plan this year, the Humana HSA Silver plan. The HSA is a high deductible plan that will assist you in making wiser decisions regarding your healthcare expenses. In addition to your benefit pool, LFUCG will fund the plan by giving those employees enrolled in the single HSA tier \$250 twice a year, and employees enrolled in any of the other HSA tiers \$500 twice a year. The in-network deductibles are \$2,200 single and \$4,400 family. Check the schedule below and be sure to attend one of the training sessions to hear all about this new plan and see if it will work for you.

HSA Training Sessions

Friday, November 16

1:15 p.m. Council Chambers

Monday, November 19

10:30 a.m. Police Roll Call
1:15 p.m. Council Chambers

Tuesday, November 20

10:30 a.m. Council Chambers
1:15 p.m. Council Chambers

Monday, November 26

10:30 a.m. Council Chambers
1:15 p.m. Council Chambers

Tuesday, November 27

10:30 a.m. Community Corrections
1:15 p.m. Fire Training Center

Employee Benefits Handbook

Open Enrollment

OPEN ENROLLMENT 2008 SCHEDULE

It is not mandatory that employees attend at the locations and times shown below, but it will go a long way toward preventing the problem of long lines, since all employees are required to attend Open Enrollment in order to have coverage.

Monday, December 3, 9:00 a.m. - 4:00 p.m.—Government Center Ballroom

- Computer Services
- Council Clerk's Office
- Council Office
- Internal Audit
- Mayor's Office

Tuesday, December 4, 9:00 a.m. - 4:00 p.m.—Division of Community Corrections

- Community Corrections
- General Services
- Public Works

Wednesday, December 5, 11:00 a.m. - 7:00 p.m.—Division of Police West Sector Gym

- Police
- Streets and Roads
- Social Services

Thursday, December 6, 9:00 a.m. - 4:00 p.m.—Division of Waste Management

- Air and Water Quality
- Public Works
- Waste Management

Friday, December 7, 9:00 a.m. - 4:00 p.m.—Fire Training Center

- Budgeting
- Finance and Administration
- Fire
- Law

Employee Benefits Handbook

Open Enrollment Instructions

HUMANA ON-LINE ENROLLMENT

Information you will need to enter your benefits on-line:

- You must have Microsoft Office 6.0 or greater on your computer.
- You will need your current address that we have on file for payroll (Main Frame).
 - ◊ If this address is incorrect you will still need to use it, then you can.
 - ◊ Update it once you are in Humana's system.
- Your social security number.
- Your dependant(s) social security number.
- Your dependant(s) date of birth.
- Proof of Insurance if you are **Waiving** coverage.

Humana On-line Enrollment Instructions

1. Click on Internet Explorer on your desk top (or whatever access you use to log on to the internet)
2. Next, at the top left of screen where it says "**address**", type the following: www.humana.com
3. Select the **Members** link (left of screen) to start process
4. Select the **Enrollment Center** link.
5. Scroll down mid page & select the Blue icon that says "**Enroll Now**" to enroll your benefits.
6. Enter your social security number (Use the tab key left top of key board)
7. Enter your date of birth (Use the tab key left top of key board)
8. Enter your zip code
9. When Pop up comes up, click **OK**
10. Click **Submit** (If an error message pops up, click previous page and try again.)
Note...If you try this more than three times the system will lock you out.
Call the help desk @ 1-888-393-6765
11. On the next screen, review your information: name, address etc. If the information is
12. Incorrect, select **Modify Personal Information** link to edit your information.
13. Scroll down to the right, select **Open Enrollment** link. It's underlined.
14. Click the **Select** or **Waive** benefits link.
15. The next screen will ask you: *who will be covered*. Choose one of the following benefit packages:
Employee, Employee +1, Employee + Child(ren) or Family coverage.
16. Next, select which plan you would like to enroll in: **Humana Platinum, Humana Gold or Humana Silver – HSA.**
17. If the right side of the screen shows that you have more than single coverage, select **Add Family Members** link.
18. Next screen, type the additional family members located right of screen. Select **Add Family Members** link. Date of Birth use the forward slash key. Example: 00/00/0000. If the dependents are already in the system, select each dependent. Select **Modify** if any changes need to be made.
Note...If there is not a ✓ in the box on the left of the screen, the dependent has not been selected. When complete, select **Next** link at the bottom of the page.
19. Next screen, Medical-other information, answer the **Yes** or **No** questions. Select **Next** link at the bottom of the page.
20. Next screen Medical-Review. On this screen you can make changes. Just select **Change** link.
21. If you do not have any changes and everything is correct, select **Next** link bottom of page.
22. Next Screen Review & Finish. Review all of your selections. If correct, select **Submit** link at the bottom of the page. If incorrect, select **Previous** link at the bottom of page. This will take you back through the process.
23. When you select **Submit**, this is the final step and the next screen will say **CONGRATULATIONS!** This means you have completed the enrollment process!
24. Print this page and bring it to open enrollment.

Employee Benefits Handbook

Open Enrollment

WAIVE HUMANA INSURANCE COVERAGE ON-LINE

1. Click on Internet Explorer on your desk top (or whatever access you use to log on to the internet)
2. At the top left of screen where it says "**Address**", type the following: www.humana.com
3. Select the **Members** link (left of screen) to start the process.
4. Select the **Enrollment Center** link.
5. Scroll down on left, select the Blue icon that says "**Enroll Now**" to enroll your benefits.
6. Enter your social security number (Use the tab key left top of key board)
7. Enter your date of birth (Use the tab key left top of key board)
8. Enter your zip code
9. Click **Submit** (If an error message pops up, click previous page and try again.)
Note...If you try this more than three times, the system will lock you out .
Call the help desk @ 1-888-393-6765
10. Next screen, review your information: name, address etc. If the information is incorrect, select **Edit your information** link to edit your information.
11. To the right, select **Open Enrollment** link.
12. Click the **Select or Waive Benefits** link.
13. Next screen, if you choose to waive benefits, the icon is at the bottom left of the page. Click on the box next to **WAIVE** coverage.
14. Next screen, select **I Accept** link. Print this page and bring proof of coverage with you to open enrollment.

DELTA DENTAL ON-LINE ENROLLMENT

1. Log on to Deltadentalky.com
2. Log In - Welcome Screen
3. Accept Terms and Conditions
4. Select Facility Location
5. Select Coverage Level (high/low/etc.)
6. Select Product
7. Select Coverage Type (rate tier)
8. Enter number of dependents (if necessary)
9. Enter Subscriber information and address (add hire date field)
10. Enter Spouse information and address (if necessary)
11. Enter Dependent information (if necessary, once per dependent)
12. Verification
13. Confirmation

The spouse and dependent addresses default to the subscriber address.

Employee Benefits Handbook

Other Benefit Options

VOLUNTARY OPTIONS

Plans in this section are portable and can stay with you at the same cost should you leave or retire from LFUCG. *Some products may include pre-existing provisions.*

Colonial Short Term Disability

Colonial's voluntary short-term disability insurance policy is an individual plan that replaces a portion of your income if you become unable to work because of a covered accident or sickness. This policy offers two plan choices that provide off-job or on-and off-job accident/sickness coverage options.

This plan provides up to 66 2/3% of monthly gross earnings up to a maximum of \$5,000 per month. A variety of elimination periods are available:

- Premiums are based on insured's age at issue (in bands of 17-49 and 50-69) and will not increase as the insured moves into a new age band.
- Waiver of premium after insured is disabled for 90 consecutive days.
- Guaranteed renewable to age 70.
- Coverage is portable, which means the employee can continue the policy at the same face amount and premium if he/she retires or leaves LFUCG.
- Benefits are paid regardless of benefits received from other sources. For coverage over 40% of income or for benefit amounts over \$3,000 per month, offsetting occurs during the application process.
- Health Screening Rider available.

Long Term Disability

Long term disability income protection insurance replaces a portion of your income if you are unable to work due to a covered injury or sickness. This means you can have money coming in during a time of need. This plan also provides vital support, services and assistance you need to get back to work and to a productive lifestyle.

- Provides 60% of monthly earnings to a maximum of \$5,000 monthly. Your disability benefits may be reduced by deductible sources of income and any earnings you have while disabled.
- Benefits begin after 180 days of disability.
- Benefits payable until age 65 if disability occurs before age 60. If disability occurs after age 60, benefits paid according to benefit duration schedule..
- Partial Disability.
- Rehabilitation to return to work assistance.
- Waiver of premium.
- Worldwide emergency travel assistance services.
- Survivor Benefit.
- Pre-existing Condition Exclusion.

Employee Benefits Handbook

Open Enrollment

VOLUNTARY OPTIONS *cont.*

Colonial Cancer 1000 Insurance

Colonial's Cancer 1000 Insurance helps employees and their families maintain financial security in the event of a cancer diagnosis. Cancer treatment is expensive and often lengthy. Colonial's cancer insurance helps employees pay for the costs associated with this disease. Employees can choose from four levels of coverage. Features of this coverage may include:

- Cancer Screening Benefits
- Cancer Benefits, i.e. transportation, hospital confinement, medication, second opinions etc. according to the policy language.
- Optional Specified Disease Rider
- Initial Diagnosis Rider pays for the first diagnosis of internal (not skin) skin
- Progressive Payment Rider
- Guaranteed Renewable
- Employee, Spouse and Dependent Children plans are available
- All eligible applicants have same premium regardless of risk class or age

Colonial Critical Illness Plan

Colonial's Critical Illness plans complement major medical coverage by helping employees pay the direct and indirect costs associated with the specified critical illness. Colonial's Critical Illness product does not require the insured to survive a designated period prior to paying benefits. The employee chooses a face value from \$5,000 to \$50,000 in increments of \$1,000. A spouse benefit is available from \$5,000 to \$30,000. The benefit is paid upon diagnosis of one of the following:

- Heart Attack
- Stroke
- Major Organ Transplant
- End stage renal (kidney) failure
- Coronary Artery Bypass Surgery (paid only once at 25% of the face amount)
- Health Screening Benefit (paid if the insured has one of the covered screening tests performed (calendar year benefit)
- Benefit paid at 100% of face value unless otherwise noted

Colonial Medical Bridge 3000

Colonial's Medical Bridge 3000 insurance provides benefits to employees to help pay for deductibles, out-of-pocket maximums and co-payments, as well as everyday living expenses. Plan targets gaps in claims areas including:

- Hospitalization
- Outpatient surgeries
- Diagnostic testing
- Emergency room visit
- Doctor office visits

Employee can choose level of hospital confinement. Employee, employee/spouse, employee/dependent children and family coverage available.

Employee Benefits Handbook

Open Enrollment

VOLUNTARY OPTIONS *cont.*

Colonial Accident Insurance

Colonial's accident insurance policy, Accident Care, is a medical indemnity plan that provides employees and their families with hospital, physician, specified injury, accident death and catastrophic accident benefits in the event of a covered accident. This policy provides on and off-job accident coverage.

- Offsetting out-of-pocket costs not paid by your medical insurance
- Providing disability benefits if employees or their spouses are involved in a serious accident or suffer a serious illness that results in a disability.

Colonial Whole Life Insurance

Colonial whole life insurance is a voluntary, individually owned, life insurance plan with guaranteed level premiums, guaranteed cash values and a guaranteed death benefit. Coverage is permanent and remains in force during an insured's entire lifetime provided premiums are paid as specified in the policy. This is permanent, not term life insurance coverage.

- An immediate cash payment of \$1,000, \$2,500 or \$3,000 based on the policy's face amount, is available to the beneficiary upon certification of the insured's death.
- Up-front money to help pay expenses until the remainder of the claim is processed.
- Tax-deferred growth – cash value accumulates at guarantee interest rate.
- Guarantee purchase option for insured 55 or younger. This option allows the insured to purchase additional amounts of insurance in the second and fifth policy years with no evidence of insurability.

Colonial Universal Life Insurance

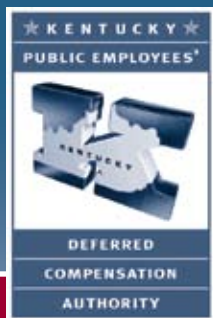
Colonial's universal life insurance is a voluntary, flexible premium, adjustable death benefit contract that accumulates cash value. For as little as \$3.00 a week or \$5,000 policy face amount, employees can purchase individually owned life insurance coverage that is theirs to keep, even if they change jobs or retire. This is permanent, not term life insurance.

- Tax-deferred growth
- Flexibility
- Banded Rates
- Accelerated death benefit (on policies of over \$10,000 or more) this benefit allows the policy owner to advance up to 60% of the policy's death benefit if the insured is diagnosed with a terminal illness
- Policy loans or cash withdrawals are available after the first policy year
- Employee, spouse and dependent children coverage is available

Colonial Term Life Insurance

Colonial's Term Life 1000 is an individual term life insurance plan that offers pure insurance protection and guaranteed premium payments. Advantages of this plan are:

- Flexibility to choose from different coverage periods
- Low initial cost compared to cash value insurance
- Large amounts of insurance can be purchased relatively inexpensively
- Offers a term to cash value insurance conversion privilege
- Ideal for temporary needs such as a car loan or mortgage
- Three term options available: 10-year, 20-year and 30-year level term period; annually renewable thereafter
- Same coverage for employees and spouse
- Guaranteed renewable to age 95
- Employee, spouse and dependent children coverage is available.



Why you should join the Kentucky Public Employees' Deferred Compensation Program

Simple. Smart. For You. For Life.

Consider These Benefits:

- ◆ You need a long-term investment savings plan to meet your retirement goals. Chances are, Social Security benefits, plus your state or other system retirement plan, will not provide enough income to maintain your current standard of living. Kentucky's low-cost program lets you supplement your retirement with your own voluntary savings and investment plan.
- ◆ You may select from a number of quality, well-known investment options on a no-load basis. Fund management and plan fees may still apply. **Fund prospectuses are available by calling 1.800.542.2667. Read the prospectus carefully before investing.**
- ◆ It is convenient. You can invest easily through payroll deduction.
- ◆ Tax deferral means you can invest more of your income now. You pay no federal or state taxes on the portion of your income you contribute to the traditional pre-tax 457 and 401(k) plans, or on any of your investment earnings, until the money is paid out to you. *Assets withdrawn from a qualified plan may be subject to a 10% penalty tax if withdrawn prior to the age of 59 1/2; and all withdrawals may be subject to income tax.*
- ◆ You may also pay lower taxes when you receive your distributions. First, you may be in a lower tax bracket after you retire. Second, under current state law, a significant portion of your Deferred Compensation distributions at retirement may be excludable from Kentucky state income tax.
- ◆ It is easy to make changes: Over the Web at www.kentuckydcp.com, or with SAVER, our telephone voice response system (800.793.4401). Both allow you to check on your account balance, move money between funds, and more – any time of the day or night (except for brief backup periods). You may also make changes by contacting the Authority office in Frankfort. *Certain excessive trading restrictions may apply.*
- ◆ Your Social Security and retirement benefits are not affected by your contributions under the Authority's Plan(s).

The Kentucky Public Employees' Deferred Compensation Authority (the "Authority") provides supplemental retirement coverage to thousands of public employees in Kentucky.

Available Plans:

- ◆ **457(b) Plan**
- ◆ **401(k) Plan**
includes a Roth 401(k) option.
- ◆ **Deemed IRA** (coming 7/1/07)
Includes a Traditional and Roth IRA option, available only to participants in the Authority's 457 or 401(k) Deferred Compensation Plans.

To Learn More:

Call a Kentucky Plan Service Representative at **1.800.542.2667** (or in Frankfort at **573.7925**).

Information provided by Plan Service Representatives is for educational purposes only and is not intended as tax, legal, or investment advice.

Plan Service Representatives are registered representatives of Nationwide Investment Services Corporation, member NASD.



KentuckyUnbridledSpirit.com

Securities offered through Nationwide Investment Services Corporation, member NASD.

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Employee Benefits Handbook

Auto & Homeowners Insurance

Voluntary Auto & Homeowners Insurance Program Group Savings Plus®

Lexington Fayette Urban County Government employees qualify for auto and home discounts through Liberty Mutual's Group Savings Plus® program.

What does this mean for you? It means a group discount of up to 10%** off Liberty Mutual's already competitive auto and home insurance rates. This is possible through Group Savings Plus – a program that provides exclusive group discounts to employees of organizations like ours.

With Group Savings Plus, you'll enjoy:

- Rates guaranteed for 12 months, not six as offered from some other companies
- Convenient payment plans, including payroll deduction, automatic checking account deduction or direct billing at home.
- Additional savings based on your age, college education, driving experience and auto equipment (such as anti-lock brakes and airbags).
- Round-the-clock claims service
- 24-Hour Emergency Roadside Assistance
- Optional Identity Fraud
- Expense Coverage for homeowners insurance
- Personalized service and special savings from a company that has been helping people live safer, more secure lives since 1912

Auto Services

Emergency Roadside Assistance

Every auto policy includes 24-hour, 365 days-a-year access to thousands of tow and service facilities and professional locksmiths.

Car Windshield Repair Referrals

If your windshield, or other safety glass, is damaged, fixing it is simple. We'll arrange your glass service and guarantee you a quality repair or replacement. When the repairs are complete, the glass company will bill the insurance company directly. You will only need to pay the glass company the deductible.

Fast Appraisals

Most often, your car will be appraised within 24 hours. For your convenience, you can have your car appraised and repaired at one of the insurance company's 1,200 Total Liberty Care facilities.

Convenient Car Rental Service

Through a partnership with Enterprise Rent-A-Car we can arrange for a replacement vehicle where and when you need it.

Home Services

One-Stop Replacement Shopping

Replacing lost or stolen possessions is easy, thanks to the insurance company's one-stop replacement service. One phone call sets the process in motion. Drawing from a database of more than 80,000 items, we can locate the exact items you lost – or the closest match –and ship them to you within 48 hours.

Handy Home Repair

When your home is damaged, you want repairs completed quickly and professionally. Through the insurance company's Contractor Network Referral Program, a contractor will contact you to arrange an inspection, prepare an estimate, and complete the repairs. Not only is the service quick, it's dependable and draws from a network of approved contractors, whose work we guarantee for one year. Customers need only pay their deductible. And if you have your premium deducted from your paycheck, you won't have to worry about paying bills or budgeting. **It's that simple.**

*Average savings based on data compiled as of April 2003.

**Discounts and credits are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.

† Service applies to auto policyholders and is provided by Cross Country Motor Club of Boston, Inc., Boston, MA or through Cross Country Motor Club of California, Inc., Boston, MA. A consumer report from a consumer-reporting agency and/or motor vehicle report, on all drivers listed on your policy, may be obtained where state laws and regulations allow. Coverage provided underwritten by Liberty Mutual Insurance Company and its affiliates, 175 Berkeley Street, Boston, MA. Some limits and state variations may apply. See the policy for details.

Contact your local Liberty Mutual Agent.

Joey Doom, Executive Sales Representative

Phone: 859-223-1313 ext. 53302

Email: Joey.Doom@LibertyMutual.com

Webpage: www.libertymutual.com/lm/joeydoom



Employee Benefits Handbook

Credit Union

METRO EMPLOYEES CREDIT UNION

Metro Employees Credit Union (MECU) was established in 1940 by city employees looking for a way to earn higher rates on savings and lower rates for loans. Today, MECU has grown into a full service credit union with two locations, one in the Phoenix Branch downtown and one in the Versailles Road Government Campus.

Membership is open to employees of the Lexington-Fayette Urban County Government, employees of accepted partner agencies, employees of Credit Union, and the family members of all eligible members.

Once you are a member, you will always be a member, even if you change jobs, professions or retire. As long as you remain a member in good standing, you can maintain your MECU membership.

Metro Employees Credit Union is proud to offer its members a variety of savings and loan products including the following:

- **Savings and Investments**
 - ◇ Share Savings Accounts
 - ◇ Christmas and Vacation Clubs
 - ◇ Share Certificates
 - ◇ Individual Retirement Accounts
 - ◇ Captain Cash Kids Club Accounts
- **Borrowing Opportunities**
 - ◇ New / Used Cars, Trucks, Boats, RVs, Campers and Motorcycles
 - ◇ Home Equity Loans
 - ◇ Line of Credit Loans
 - ◇ Personal Loans
 - ◇ Certificate / Savings Secured Loans
 - ◇ 1st Mortgages
- **Share Draft Checking**
 - ◇ No monthly service charge
 - ◇ No per check fee
 - ◇ No Minimum Balance
 - ◇ ATM / Debit Card Access
 - ◇ 24 Hour Access through WebBranch or PhoneBranch
 - ◇ Free Online Bill Pay
- **Other Services**
 - ◇ Payroll Deduction
 - ◇ Free Travelers Cheques
 - ◇ Discount Amusement Park Tickets
 - ◇ Postage Stamps
 - ◇ Money Orders
 - ◇ Gift Cards

To become a member of MECU simply stop by one of our offices. For additional information, give us a call at 258-3990 or visit us online at www.metroemployeeescu.org.

Employee Benefits Handbook

Deferred Compensation



Meet your Retirement Plan Specialist, Yvonne Bailey



Did you know you had a choice in deferred compensation programs? ICMA-RC is an organization that focuses solely on the retirement needs of public employees. The ICMA-RC 457 deferred compensation plan offers Financial Planning Seminars, more mutual funds to select from for better opportunity for diversification, excellent educational support and materials, accessible representation, and offers a no administrative fee Roth and Traditional IRA*. You may also do balance projections to see if you are on target to meet your goals. Enroll today with as little \$15 per pay period. The pretax payroll deduction lowers your taxable income creating instant tax savings.

Plan Features

- Loans and hardship withdrawals are available.
- Guided PathwaysTM offers 3 levels of advice services to help manage your deferred compensation account.
- No administrative fee Roth and Traditional IRAs are available, with the Roth offering penalty free withdrawals of contributions and tax free earnings growth.
- Certificates of Deposit are available in 1, 3, and 5 year increments within your 457.
- One on one appointments are available.
- Independent not for profit organization not affiliated with an insurance company.
- No charge to exchange money between funds.

Yvonne is available to discuss enrolling in the 457 deferred compensation plan, opening a Roth IRA, consolidating existing accounts, increasing deferral amounts, asset allocation and retirement planning issues.

800-339-8796 or ybailey@icmarc.org

Enrollment kits may be picked up in the Division of Human Resources.

Please consult both the current applicable prospectus and MAKING SOUND INVESTMENT DECISIONS: A Retirement Investment Guide carefully for a complete summary of all fees, expenses, charges, financial highlights, investment objectives, risks and performance information. Investors should consider the Fund's investment objectives, risks, charges and expenses before investing or sending money. The prospectus contains this and other information about the investment company. Please read the prospectus carefully before investing. All Vantagepoint Funds invested through 401 or 457 plans are held through VantageTrust. Vantagepoint Funds are distributed by ICMA-RC Services LLC, a wholly owned broker dealer subsidiary of ICMA-RC and member NASD/SIPC. For a current prospectus, contact ICMA-RC Services, LLC by calling 1-800-669-7400 or by writing to 777 North Capitol Street, NE, Washington, DC 20002-4240, or by visiting www.icmarc.org.

*other fees may apply, please consult the prospectus AC 0507-1410

Employee Benefits Handbook

Flexible Spending Accounts

HEALTH AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) PLANS

LFUCG employees who are required to make contributions for their health, dental, vision and supplemental insurance will pay any required premiums using pre-tax dollars. This pre-tax premium arrangement, available under Section 125 of the Internal Revenue Code, reduces federal and state taxes and helps make our insurance coverage more affordable for our employees. Another provision of the Lexington Fayette Urban County Government Flexible Benefit Plan allows for the establishment of Flexible Spending Accounts.

Flexible Spending Accounts allow you to set aside a portion of your earned income to pay for unreimbursed medical and dependent care expenses, on a pre-tax basis. This valuable benefit will help offset the cost of these expenses by allowing you to pay for them with tax-free dollars. Those employees who choose to participate in one or more of these FSA arrangements will lower their federal and state taxes. Unreimbursed medical expenses include those medical, dental and vision expenses incurred by you, or your qualified dependents, which aren't eligible for possible reimbursement by an insurance plan. Dependent care expenses include those amounts that you or your spouse may incur for the cost of providing dependent care so that you, or you and your spouse, may work.

Prior to the beginning of each plan year, or upon initially becoming eligible to participate, all LFUCG employees, who choose to participate, will be required to complete an Employee Benefit Election Form. A participant's benefit election form for any Plan Year shall be irrevocable during the Plan Year. However, you may change your election if you experience a "change in family status" although the election change should be consistent with and as a result of the change in family status.

You may elect to contribute anywhere from \$0 to \$5,000 to the Health Care Reimbursement Plan FSA. Your annual election amount will be allocated to your flexible spending account on a pro-rated basis, through payroll deductions, over the balance of the plan year.

If you incur eligible health care expenses during a plan year (such as out-of-pocket deductibles and co-payments) you can use the Health Care FSA to reimburse yourself for these expenses with tax-free contributions. A properly completed claim form along with appropriate documentation must be submitted before a claim may be reimbursed. You may submit a request up to the amount of your annual election and it will be reimbursed even if the claim request should exceed the amount of your plan year contributions.

NOTE...Your participation in the Health Care FSA will prevent you from participating in a Health Savings Account or HSA.

You may elect to contribute anywhere from \$0 to \$5,000 (\$2,500 if married and filing a separate tax return) to the Dependent Care Assistance Account FSA. However, you may not contribute an amount that would exceed your income or your spouse's earned income. In addition, there are special contribution limits if your spouse is a full-time student or is disabled. Your annual election amount will be allocated to your flexible spending account on a pro-rated basis, through payroll deductions, over the balance of the plan year.

If you incur eligible dependent care expenses during a plan year you can use the Dependent Care FSA to reimburse yourself for these expenses with tax-free contributions. The amounts elected by the plan participant must be for Employment Related Dependent Care Expense. A properly completed claim form along with appropriate documentation must be submitted before a claim may be reimbursed. At any given time you will only be reimbursed to the extent of your plan year contribution amounts.

WARNING: IRS regulations require that any unclaimed balances in either of the flexible spending accounts be forfeited by the plan participant. This is commonly referred to as the "Use It or Lose It" rule.

MAKING CHANGES

The medical, dental and vision plans at LFUCG are administered in accordance with IRS Section 125 tax code, which allows for a tax advantage (premiums may be deducted on a “pre-tax” basis) for all employees who wish to participate. Because of this tax advantage the tax code limits the changes that an employee can make to their plan elections or enrollment into a plan at any time other than open enrollment.

- Employees may not change his/her plan elections during the year unless a change in family status occurs. A list of exceptions follows:
- Cancellation of dependent coverage due to dependent ineligibility (divorce or child reaching age 23)
- Acquiring a new dependent through marriage, birth or adoption.
- Obtaining other coverage through a spouse's employer, providing that a qualified status change has occurred.
- Change in employment status from part-time or temporary to full-time.
- Change in employment status from full-time to part-time or temporary or termination of employment.
- Loss of coverage under spouse's employer plan due to a spouse's death, termination of employment, divorce, or loss of eligibility for other coverage.
- Qualified medical child support court order.

Important Notice

All election changes made (other than during the annual enrollment period) due to a qualified status change must be made within 31 days of the event date and must be consistent with the status changes identified on this page. An employee will be required to provide proof of the qualified status change, proof of other coverage in force, and/or proof that other coverage has been lost.

Employee Benefits Handbook

LFUCG

NOTES

My Medical Plan Choice:

My Dental Plan Choice:

My Vision Plan Choice:

My Pharmacy Choice:

Other Benefits Choices:

Employee Benefits Handbook

Open Enrollment

Customer Service Numbers

Humana

- Humana customer service 1-800-448-6262 Group # 211791
- My Humana Employee Service – www.humana.com
- Mail claims to: P.O. Box 14601 14601 Lexington, KY 40512-4601
- Mental Health – 1-866-260-5266
- Humana First nurse assistance – 1-800-622-9529

Pharmacy

- Pharmacare customer service 1-800-645-9303 Group #200133343
- Pharmacare Direct mail service – www.pharmacare.com/members

Delta Dental of Kentucky

- Employee customer service – 1-800-955-2030 Group # M00034
- Employee self service - www.deltadentalky.com (order cards, look at benefit information)
- Mail claims to: P.O. Box 242810 Louisville, KY 40224-2810
- Employee self service - www.kyret.com
- Mailing Address: 861 Corporate Drive Lexington, KY 40504

Division of Human Resources
200 East Main Street
Lexington, KY 40507
(859) 258-3030

**Contact
Information**

Humana

- Humana customer service 1-800-448-6262 Group # 211791
- My Humana Employee Service – www.humana.com
- Mail claims to: P.O. Box 14601 14601 Lexington, KY 40512-4601
- Mental Health – 1-866-260-5266
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- Pharmacare customer service 1-800-645-9303 Group #200133343
- Pharmacare Direct mail service – www.pharmacare.com/members

Delta Dental of Kentucky

- Employee customer service – 1-800-955-2030 Group # M00034
- Employee self service - www.deltadentalky.com (order cards, look at benefit information)
- Mail claims to: P.O. Box 242810 Louisville, KY 40224-2810

EyeMed Vision Care

- Employee customer service – 1-866-299-1358 Group # 9660877
- Employee self service – www.enrollwitheyemed.com/select

Colonial Supplemental Insurance (Life & Short Term)

- Employee customer service – 1-800-325-4368 Plan #30032
- Fax claims to: 1-800-880-9325
- Employee self service - www.coloniallife.com

UNUM Long-Term

- Employee customer service - 1-800-858-6843 Group # 453402
- Mail Claims to: Unum Provident, Portland Customer Care Center, P.O. Box 9500,
- Portland, ME 04104-5058 Fax: 1-800-447-2498

Prudential Life Insurance

- Employee customer service – 1-800-524-0542 Group # 76136

State Retirement Plans

- CERS (Kentucky Retirement System) – 1-800-928-4646
- Mailing address: 1260 Louisville Road Frankfort, KY 40601

KY (State) Deferred compensation Authority

- 457 / 401(k) / Roth 401(K) – 1-800-542-2667 Fax: 502-573-4494
- Mailing Address: 101 Sea Hero Road Suite 110 Frankfort, KY 40601
- Employee self service – www.kentuckydcp.com

ICMA RC Retirement Plan 457

- Employee customer service 1-800-339-8796 Group # 300302
- Employee self service – www.icmarc.com

Federal Reserve Savings Bonds

- Employee customer service 1-800-245-2804 Account # 102004-0000

Flexible Spending Account

- Lifeline (Flexible Spending Account) for Pre-tax Medical and Dependant Care Expenses –
- 859-226-9628 Fax: 859-226-9726
- Mail reimbursement forms to: Lifeline Services, Inc. c/o Claims Processing
- 2560 Richmond Road, Suite 200 Lexington, KY 40509

Liberty Mutual

- customer service – 859-223-1313 ext. 53302 or 1-800-852-4419
- www.libertymutual.com/lm/joeydoom
- Fax: 859-223-9635

Metro Employees Credit Union:

- 859-258-3990
- Fax: 859-258-3993